

**— THIS FORM MUST BE KEPT CONFIDENTIAL —**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):     ATTORNEY FOR ( <i>Name</i> ): NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
PLAINTIFF or PETITIONER:  DEFENDANT or RESPONDENT:		
<b>APPLICATION FOR WAIVER OF COURT FEES AND COSTS</b>		
		CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. My current street or mailing address is (*if applicable, include city or town, apartment no., if any, and zip code*):
  
2. My date of birth is (*specify*):
  
3. My occupation, employer, and employer's address are (*specify*):
  
4. ☐ I am receiving financial assistance under one or more of the following programs:
  - a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
  - b. ☐ **AFDC:** Aid to Families with Dependent Children Program (now **TANF:** Temporary Aid to Needy Families)
  - c. ☐ **Food Stamps:** The Food Stamps Program
  - d. ☐ **County Relief, General Relief (G.R.) or General Assistance (G.A.)**
  
5. *If you checked box 4 above, you must check and complete one or the other box, except if you are a defendant in an unlawful detainer action. Do not check both boxes.*
  - a. ☐ (*Optional*) My social security number is (*specify*):    -   -      
*[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box b and attach documents to verify the benefits checked in item 4.]*
  - b. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, above.  
*[See the Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]*

***[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]***

6. ☐ My gross monthly income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

***[If you checked box 6 above, skip item 7, complete items 8 and 9 on the back of this form, and sign at the bottom of this side.]***

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family I support and also pay court fees and costs. ***[If you checked this box you must complete the back of this form.]***

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are complete, true, and correct.

Date:

..... (TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE)

PLAINTIFF: _____  DEFENDANT: _____	CASE NUMBER: _____
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### FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. *[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]*
9. My monthly income:
- a. My gross monthly pay is: ..... \$ \_\_\_\_\_

b. My payroll deductions are (specify purpose and amount):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

(4) \_\_\_\_\_ \$ \_\_\_\_\_

My TOTAL payroll deduction amount is: \$ \_\_\_\_\_

c. My monthly take-home pay is (a. minus b.): ..... \$ \_\_\_\_\_

d. Other money I get each month is (specify source and amount):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other money is: \$ \_\_\_\_\_

e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): ..... \$ \_\_\_\_\_

f. **The number of people in my family, including me, supported by this money is:** \_\_\_\_\_

g. My spouse's gross monthly income is: \$ \_\_\_\_\_

h. My spouse's occupation is: \_\_\_\_\_
10. a. ☐ I am **not** able to pay any of the court fees and costs.  
 b. ☐ I am able to pay **only** the following court fees and costs (specify):
11. My monthly expenses not already listed under item 9, above are:
- a. Rent or house payment & maintenance \$ \_\_\_\_\_

b. Food and household supplies ..... \$ \_\_\_\_\_

c. Utilities and telephone ..... \$ \_\_\_\_\_

d. Clothing ..... \$ \_\_\_\_\_

e. Laundry and cleaning ..... \$ \_\_\_\_\_

f. Medical and dental payments ..... \$ \_\_\_\_\_

g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_

h. School, child care ..... \$ \_\_\_\_\_

i. Child, spousal support (prior marriage) \$ \_\_\_\_\_

j. Transportation and auto expenses (insurance, gas, repair) ..... \$ \_\_\_\_\_

k. Installment payments (specify purpose and amount):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of monthly installment payments is: ..... \$ \_\_\_\_\_

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ \_\_\_\_\_

m. Other expenses (specify):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

(4) \_\_\_\_\_ \$ \_\_\_\_\_

(5) \_\_\_\_\_ \$ \_\_\_\_\_

(6) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other monthly expenses is: ..... \$ \_\_\_\_\_

n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): ..... \$ \_\_\_\_\_
12. I own or have an interest in the following property:
- a. Cash ..... \$ \_\_\_\_\_

b. Checking, savings and credit union accounts (list banks):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, other vehicles and boat equity (list make, year of each):

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

d. Real estate (list address, estimated fair market value, and equity of each property):

(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\_\_\_\_\_ \$ \_\_\_\_\_
13. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual expenses to help the court understand your budget; if more space is needed, attach page labeled attachment 13):

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